DOCUMENT RESUME

ED 165 268 EA 011 184

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TITLE The Place of Theory in an Applied Profession: Where Might We Be Going in Organizational Theory?
PUB DATE [Aug 77]
NOTE 12p.; Paper presented at the Annual National Conference of Professors of Educational Administration (Eugene, Oregon, August 14-19, 1977)

EDRS PRICE MF-$0.83 HC-$1.67 Plus Postage.
DESCRIPTORS Administrative Personnel; Educational Administration; Elementary Secondary Education; Higher Education; *Organizational Theories

ABSTRACT

In the sharpest possible contrast to the purely academic professions, the paramount feature of the applied professions such as educational administration is the primacy of the clinical focus. Their ultimate focus is not the pursuit of knowledge itself, but the effective attainment of practical goals where serious interests of clients are often at stake. The emphasis on theory that has characterized educational administration has been misguided. As members of an applied profession, administrators' primary concern is not the organization and extension of a relatively unified body of knowledge but the managing of ongoing processes, and the finding and implementing of solutions to problems. The direction educational administration takes in pursuing theory should be governed by the kinds of problems that are of the greatest concern to practitioners. (Author/IRT)

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THE PLACE OF THEORY IN AN APPLIED PROFESSION: WHERE MIGHT WE BE GOING IN ORGANIZATIONAL THEORY?[1]

Jean Hills

INTRODUCTION

The question posed by the theme of this session, "Where are we going in organizational theory?", is open to a variety of interpretations. It might, for example, be construed to mean, "What is new in organizational theory?" Alternatively, it might be construed as a question concerning long-term trends in the field. Of the several possible meanings of the question, the one that seems to me to be most urgently in need of consideration at this time is, "What are we trying to accomplish in the realm of organizational theory?" Given that interpretation, the question becomes one of direction, destination, or purpose. It is the kind of question that arises in meetings when participants are not certain what it is they are trying to accomplish in what they are doing--which may not be a bad way of describing our own state with reference to organizational theory.

Having construed the question in that manner, I must confess immediately that I cannot answer it. As a matter of fact, it is my strong suspicion that no one in our field can say with either clarity or accuracy what we, in the collective sense, are trying to accomplish in organizational theory. There seem to me to be two main reasons for this state of affairs. First, providing a useful answer to the question requires that we possess some kind of conception, or cognitive map of the field of educational administration, both as a social agency and as a body of symbolic culture, within which to consider the question.[2] As a social agency, we need to discriminate our

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field from, and relate it to, some other university-based agencies. As a body of symbolic culture, we need to discriminate theory from, and relate it to, other elements of the culture of the field. And, having conceptualized those two aspects of the field, we need to relate the conceptions to one another. My impression is that not only are there no conceptions of that kind around, but also, that such matters are seldom discussed seriously in our field. It appears to me that we professors of educational administration have not been as thoughtful as we might have been about the "nature" of our field, about who we are, and about what we are in business for. We have not been sufficiently attentive to the task of "mapping" our field in a way that would facilitate discussion of where theory fits and where we are trying to go in it, and by means of it. In short, to identify one place of theory in an applied profession, we have not analyzed, or fomulated, the problem with sufficient clarity to permit the identification of a useful answer. Consequently, we do not, as a field, know where we are going, or what we are trying to accomplish.

A very important second reason for the difficulty in answering the question has two parts. The first part follows from what has just been said. That is to say, lacking any clear conception of ourselves and our field, and where organizational theory fits into the broad scheme of things, our pursuit of theory in educational administration has been largely directionless. It is difficult to say where we are going in organizational theory not only because we do not know where we are going, but also because we are not going anywhere in particular. Let me make certain that I am understood on this point. I do not mean to suggest

that nothing whatever has been happening in organizational theory, but I do mean to suggest that there has been no consistent direction of development.

The second part of the second reason referred to a moment ago has to do with another kind of neglect, or inattentiveness. Here I refer to our lack of attentiveness to questions concerning the "nature" and characteristics of knowledge, and the relations between disciplinary knowledge and theory, on the one hand, and concrete, practical goals and problems, on the other. These matters bear directly on the relation between theory and other elements of the culture of the field. If a map of the field can help us find our way to wherever we ultimately decide we want to go in organizational theory, then a better understanding of the nature of knowledge and theory can help us decide where we may realistically and usefully expect to go.

ADMINISTRATION AS AN APPLIED PROFESSION

In what I have said thus far, I have asserted that we are not going anywhere in particular in organizational theory, and I have suggested that there are two main reasons for that. First, we have not thought seriously enough about the nature of our field, about who we are and what we are in business for, and about what those considerations imply for where we should be going. Second, we have not thought seriously enough about the nature of theory and its relation to concrete, practical problems. Let us consider these issues in the order of mention.

What can be said about the "nature" of the field of educational administration that has a bearing on where we should be going in organizational theory? Or, for that matter, in theory of any kind? "For openers," I

think we can say firmly that, insofar as it may be called a profession at all, educational administration must be characterized as an applied profession. In the sharpest possible contrast to the purely academic professions, the paramount feature of the applied professions is the primacy of their orientation to a clinical focus.[3] In addition to acting as trustees, or custodians, of specialized bodies of knowledge, the applied professions also act as trustees of categories of practical interests and needs of society and its members (e.g., the maintenance of health, the settlement of legal disputes, the effective organization of the educational process). Put another way, while no less concerned about the maintenance, transmission, and extension of knowledge than are the academic professions, the applied professions also assume responsibility for managing on-going practical processes, and for seeking and implementing solutions, to concrete, practical problems. Their ultimate focus is not the pursuit of knowledge itself, but the effective attainment of practical goals where serious interests of clients are often at stake. The applied professions utilize knowledge and other cognitive resources for relatively specific process-management and problem-solving purposes.[4]

The proto-typical case of an applied profession is the field of medicine, which, although often referred to as a science, is not a science at all in the academic, disciplinary sense. Unlike a disciplinary science,-- e.g., physics, chemistry, economics, etc. -- it does not assume major responsibility for the development of theory which will organize and provide guidance to the extension of an assigned body of knowledge. Its primary concern is certainly not the solution of cognitive-intellectual problems.[5] Nor is it, as a body of symbolic culture, a corpus of formally codified and recorded knowledge organized around problems encountered in the pursuit of

knowledge, and in terms of theoretical systems. Quite the contrary. As a body of cultural content, medical science is corpus of knowledge the elements of which have been mobilized selectively from a variety of sources, on the basis of their relevance to the clinical problems encountered by practitioners in the field.[6] Elements are drawn not only from a variety of sub-disciplines in physics, chemistry, and biology, but also from clinical experience.

The disciplinary sciences and the applied sciences are not unrelated, of course, but they are distinctively different. Biological science and medical science are different bodies of knowledge. To be sure, they overlap, and much of the content of the latter is grounded in the former, but they differ in content, in organization, and in criteria for inclusion of content. As suggested earlier, medical science, or any applied science, is put together from a variety of disciplines with a view to enhancing the rationality of action undertaken in pursuit of non-cognitive, non-intellectual goals. Hence, the knowledge of these disciplines, which is organized around cognitive problems and in terms of theoretical systems, must be reorganized in terms of its relevance to those goals. While theoretically grounded, medical science is not itself theoretical.[7]

CLINICAL PROBLEMS AS NODES AT WHICH THEORETICAL SYSTEMS INTERPENETRATE

Perhaps the most expeditious way to identify the characteristics of disciplinary knowledge that are relevant to the question of where we should be going is to take brief note of the relation between it and concrete, practical problems. The most insightful statement of this relation that I have encountered reads as follows:

> ... the structure of knowledge as a cognitive cultural system does not correspond point by point with the structure of the empirical world. Every concrete reality, physical, biological, or action itself, is from the point of view of cognitive understanding, a node where many cognitive systems interpenetrate; each taken separately is abstract.[8]

Problems in the world of the medical practitioner seldom come in the form of chemical problems, biological problems, or physical problems. And problems in the world of the administrator seldom come in the form of psychological problems, sociological problems, economic problems, or political problems. On the contrary, most concrete clinical problems are, from the point of view of rational problem-solving, a nucleus around which to organize selected elements from a variety of disciplines. Not only is it the case that every applied science is the confluence of many disciplinary sciences, but also that most, if not every, clinical problem solution contains elements of several disciplines.

WHERE SHOULD WE BE GOING IN THEORY?

Where then, should we be going in organizational theory? Given what I have just said, one line of thought leads me to suggest that we should not be going anywhere. In the first place, in any literal sense, it makes no sense at all to even speak of organizational theory.[9] The organization of common sense is, in a sense, a "concrete" empirical reality, and as such a node at which we would expect a number of theories to interpenetrate. From this point of view, it seems no more useful to think a theory of organizations than it does to think about a theory of the human body.[10]

Another line of thought leads to a similar suggestion. In fact, for reasons that I shall only mention, I am coming more and more to believe that the emphasis on theory per se that has characterized our field has

been misguided. As an applied profession, our primary concern is not the organization and extension of a relatively unified body of knowledge. The paramount concern of our field is managing on-going processes and finding and implementing solutions to problems, and our theoretical endeavors should be guided by that concern. For me, that means that where we go in the realm of theory should be governed by the kinds of problems that are of greatest concern to practitioners. However, the development of theory becomes a concern only when one has something to theorize about. That is, there are few occasions to "go anywhere" in theory until one has some empirical regularities that require explanation. That suggests that some of our concern for theory is premature. What we really need is not more and better theory, but more scrupulous observation and recording of the kinds of problems encountered by practitioners.[11] I suspect that educational administration today is not terribly different from 18th century medicine. At that time, the theory of the four humors was utilized as the basis for medical practice.

The folly of the approach

> ... was that it tried to impose a system on events which had not been sufficiently observed; and in time it came to dominate the observations themselves. In the eighteenth century the doctors dominated by it could think of no advances except to reduce the observations to fewer extremes than the classical four .... It was these large reckless theories which made a caricature of medicine and turned the doctor into a quack .... The great advances in medicine from the end of the 18th century were of quite a different kind. They were scrupulous observations of complex symptoms which characterized one disease and not another.12

A classic example of the kind of theoretical work that is most relevant to an applied profession may be seen in the work Ignaz Semmelweis, a 19th century Hungarian physician.[13] As a member of the medical staff at the Vienna General Hospital, Semmelweis noted that the mortality rate

from childbed fever in one of two maternity divisions was much higher than in the other. His clinical problem was to reduce the incidence of childbed fever, but in order to solve that problem, he had to solve the theoretical problem of explaining its more frequent occurrence in the one division. His procedure was simple enough. He advanced and tested a number of theories each of which purported to explain why the mortality rate was higher in one division than in the other. Some theories were abandoned because they conflicted with known facts, but others had to be tested experimentally. For example, it was noted that a priest bearing the last sacrament to dying patients had to pass through the division where the mortality rate was highest. It was suggested that the appearance of the priest, preceded by an attendant ringing a bell, had a debilitating effect on the patients, thus making them more susceptible to childbed fever. However, re-routing the priest and dispensing with the bell had no effect on the mortality rate.

The death of a colleague finally gave Semmelweis the clue that he needed. The colleague received a puncture wound in the finger while performing an autopsy and died of an illness characterized by the same symptoms that accompanied childbed fever.

> Although the role of microorganisms in such infections had not been recognized at the time, Semmelweis realized that "cadaveric matter" ... introduced into /the/ bloodstream had caused his colleague's fatal illness. And the similarities between the course of /his colleague's/ disease and that of the women in his clinic led Semmelweis to conclude that his patients had died of the same kind of blood poisoning: he, his colleagues, and the medical students had been the carriers of the infectious material, for he and his associates used to come to the wards directly from performing dissections in the autopsy room, and examine the women in labor after only superficially washing their hands, which often retained a characteristic foul odor.

Semmelweis put his theory to a test.

> He reasoned that if he were right, then childbed fever could be prevented by chemically destroying the infectious material adhering to the hands. He therefore issued an order requiring all medical students to wash their hands in a solution of chlorinated lime before making an examination. The mortality from childbed fever promptly began to decrease ...

That is one of the places I think we should be going in our field. Let our theories be developed or borrowed on the basis of attempts to solve the problems of administrative practice. Then we will not find it necessary to ask where we are going in theory.[15]

FOOTNOTES

[1]Under less stringent space and time constraints I would speak of the places of theory in an applied profession and include much of what was included in my paper, "The Social Behavioral Sciences and Educational Administration," (in William Monahan (ed) Theoretical Dimensions of Educational Administration). (New York: MacMillan, 1975).

[2]This seems to me to be another case of people not knowing what they are doing when they do what they do. It is a matter of having to treat an issue in the terms in which it is presented for want of a more general, comprehensive, and coherent conceptual context within which to consider it.

[3]Norman W. Storer and Talcott Parsons, "The Disciplines as a Differentiating Force," in Edward B. Montgomery, (ed.) The Foundations of Access to Knowledge, (Syracuse, N.Y.: Division of Social Science, Syracuse University, 1968, pp. 101-127).

[4]I am speaking here of the predominant emphases, not of an either/or dichotomy. Professional schools, e.g. medicine, clearly, do find it useful to include disciplinary scientists among their faculty members.

[5]Note that the "heroes" of medicine are men like Lister, Pasteur, Semmelweis, Koch, Lind, and Salk.

[6]Talcott Parsons and Gerald R. Platt, The American University, (Cambridge, Massachusetts: Harvard University Press, 1973).

[7]None of this should be construed to deny or detract from the overwhelming dependence of the applied sciences on advances in the relevant disciplines. For an eloquent discussion of the importance of basic research, see Jacob W. Getzels, "Educational Administration Twenty Years Later, 1954-74" in Luvern Cunningham, et al., (eds.) Educational Administration: The Developing Decades (Berkeley, California, McCutchan Publishing Co. 1977, pp. 1-24)

[8]Parsons and Platt, p. 142.

[9]Unless this term simply identifies the class of theories the members of which deal with aspects of, and interpenetrate in, the empirical settings called organizations.

[10]This is a serious over-simplification. Relative to the human body, the "concrete" organization is a high level abstraction the referent of which is stable relationships among elements. A more useful way to phrase the problem would be to say that the common sense conception of organization from which organization theory takes its departure is far too complex to be treated within a single theoretical system.

[11]This raises a problem that seems to have been ignored completely in our field. In order to speak of clinical problems one must have a conception of the desirable state of the object of clinical interest. In medicine, for example, research, practice, and preparation for practice are all guided by a relatively clearly articulated and widely accepted conception of the desirable state of the human organism, i.e., of health.

[12]Jacob Bronowski, The Common Sense of Science, (Hamondsworth, England: Penguin Books Ltd., 1960). p. 56.

[13]Carl G. Hempel, Philosophy of Natural Science, (Englewood Cliffs, N.J.: Prentice-Hall, Inc., 1966).

[14]Ibid., p. 5.

[15]Professor Getzels, in the work cited above seems to suggest that university departments of educational administration should place primary emphasis on exploring fundamental enigmas and contributing to fundamental and ultimate knowledge. He acknowledges that the professor of educational administration cannot, and should not, "... deny the need for services and policies and for dealing with immediate necessity..." but suggests that other individuals and institutions can do these things just as well. (p. 21) I am inclined to disagree with his position, but only on the matter of relative emphasis. Although there should be exceptions among both individuals and institutions, as a general rule, university departments of educational administration should be guided in their search for knowledge by the criterion of clinical relevance.